

BCN Clinical & Compensation Procedures

For

Contract Type 4 BCA/BX/TC

**Screening and Diagnostic Mammography and Breast Ultrasound,
Breast Biopsy Services and Breast Cyst Aspiration
(Technical Component Only)**

With

The SC Department of Health and Environmental Control

Effective June 30, 2005

Screening and Diagnostic Mammography and Breast Ultrasound, Breast Biopsy Services and Breast Cyst Aspiration (Technical Component Only)

I. SCOPE OF SERVICES: The Contractor will provide radiology services patients who meet BCN criteria as follows:

A. Patient Eligibility:

1. The Contractor shall provide the technical component only of screening and diagnostic mammography, breast ultrasound and performance of breast biopsy services and breast cyst aspiration (BCA) to women who are referred by BCN providers currently under contract with DHEC. (See DHEC BCN Provider List.) Referring providers may include physician assistants, nurse practitioners and/or nurse midwives who are practicing in an extended role within an approved written protocol with a physician for the initial breast cancer screening services. Referred women must be between the **ages of 47-64**, have no insurance (including Medicaid and Medicare) or can provide documentation that their insurance only covers in-patient hospitalization.
2. **The patient must have a written order stating she is associated with the Best Chance Network from a provider who has a current contract with DHEC. (See DHEC BCN Provider List.) The patient must have already received initial screening services (clinical breast & pelvic exam) from a current DHEC BCN provider before being referred to you. Services should not be provided without the written order.**

B. Services: The Contractor will provide mammography, breast ultrasound, breast biopsy procedures and breast cyst aspiration (BCA) according to the Fee for Service Schedule.

1. Services will include screening (two views each breast) and diagnostic mammograms (magnification or additional views), breast ultrasound breast biopsy services and breast cyst aspiration (BCA) (technical component only), and reporting of radiological findings to referring provider. See appropriate protocols contained in the BCN Protocols Manual.
2. Provide patient education including BCN guidelines for mammographic screening. This education should include breast self-examination instruction.
3. The Contractor **will not** send annual reminder notices to BCN patients for mammography as BCN patients are required to be re-screened prior to receiving annual mammograms.

C. Staff: Have a medical director who is a board certified radiologist to ensure that staff are competent and proficient in mammography, ultrasound, breast biopsy and breast cyst aspiration procedures and to ensure the professional credentials are current.

D. Contractor:

1. Must meet all requirements set forth by the federal Mammography Quality Standards Act (MSQA) and the State of SC. Title B. Radiation Regulation.

2. Provide verification of FDA certification upon request.
3. Send mammography, ultrasound, biopsy and aspirate reports back to referring physician **within ten (10) working days** of procedure.
4. Reports of all performance evaluations conducted by the medical physicist (as specified by ACR) must be submitted to the Bureau of Radiological Health, DHEC.
5. Complete the Match Documentation Report provided by DHEC, a sample copy of which is included in these Clinical & Compensation Procedures. This will include annual documentation of in-kind services, donated hours to BCN services and other required information that must be returned to DHEC by the date indicated on said report.

E. SERVICE COORDINATION STAFF (SCS) shall:

1. Provide on-going BCN orientation, training and consultation.
2. Reinforce BCN policies and procedures.
3. Provide updated DHEC BCN Provider List(s) of screening and follow-up providers.

F. DHEC BCN shall:

1. Provide updates for the BCN Clinical Protocols Manual no less frequently than annually.
2. Provide contract monitoring and feedback.
3. Conduct on-site record audits and/or comprehensive program reviews as determined on a sampling basis by BCN staff.
4. On an annual basis, provide a format to facilitate the documentation and reporting of in-kind services related to BCN services provided by radiology personnel. The purpose of this is two-fold:
 - i. To provide an accurate report of in-kind services to Centers for Disease Control and Prevention (CDC).
 - ii. To ensure reasonable projections are made for in-kind and match dollars when annual renewals are submitted to CDC.

II. TIME OF PERFORMANCE: Reference the DHEC BCN Contract for Type 4 BCA/BX/TC, Screening and Diagnostic Mammography and Breast Ultrasound, Breast Biopsy Services and Breast Cyst Aspiration (Technical Component Only).

III. COMPENSATION - METHOD OF PAYMENT:

- A. Payment for services will be rendered according to the breakdown of services and unit charges as described on the Fee for Service Schedule in accordance with Centers for

Disease Control & Prevention (CDC) guidelines and Medicare's South Carolina Part B Par Fee Schedule. The Fee for Service Schedule that changes at the beginning of each fiscal year will be updated to reflect the new South Carolina Medicare Part B Par Fee Schedule for the current calendar year. A copy of these updated charges will be provided to the Contractor by DHEC prior to June 30th of each fiscal year.

- B. DHEC will reimburse the contractor only for the technical component of radiology services provided to eligible women as stipulated under the prior section of these procedures regarding Patient Eligibility.

Reimbursement for treatment is not covered by this contract.

- C. The Contractor shall submit insurance claim forms for mammography, ultrasound, breast biopsy and breast cyst aspiration services only on eligible patients referred by providers currently under contract with DHEC/BCN. **Payment may be delayed on breast biopsy and/or cyst aspiration services until and if pathology, radiology and/or operative reports have not been received from the referring provider.**

1. The Contractor shall submit insurance claim forms to DHEC/BCN within 45 days of the date of service only on patients who meet Patient Eligibility requirements and only for the contractual services listed on the Fee for Service Schedule. DHEC will have no responsibility in returning claim forms or providing explanations for non-payment on claim forms for services not listed on the Fee for Service Schedule.
2. The request for payment on an insurance claim form for the technical component of services described herein must include: the patient's first and last name, date of birth, social security number, date of visit, name of referring facility or physician, description of radiologic service provided, and CPT code(s) as shown on the Fee for Service Schedule. Payment on claim forms received without this complete information will be denied.
3. DHEC/BCN will assign a pre-authorization code to BCN patients' initial screening (referring) providers. This authorization code will be used by DHEC/BCN in determining appropriateness of payment for radiology services. Payment may be delayed or denied on radiology claims from your facility on patients for whom an authorization code was not assigned. Contractor is not required to include an authorization code on claim forms submitted to DHEC/BCN.
4. Reimbursement for digitization of film radiographic images with computer analysis (CAD) is not covered under this contract. A BCN patient may not be billed for CAD.
5. The Contractor will discuss with the patient any services provided in conjunction with allowable services listed on the Fee for Service Schedule not payable under BCN. The Contractor will assist patients with a payment plan to cover these services.

- D. DHEC will issue reimbursement within 60 days of receipt of complete and accurate insurance claim forms that meet all aforementioned requirements.
1. A reimbursement face sheet showing services provided and payment due to Contractor will be generated by DHEC/BCN from the claims submitted.
 2. A request for payment will be submitted to DHEC Finance for payment to the Contractor.
 3. The reimbursement face sheet will be submitted to the Contractor with payment from DHEC Finance.
- E. The Contractor agrees to accept payment of allowable charges as payment in full based on the Fee for Service Schedule and *will not bill the patient*.
- F. All requests for payment of services provided between each June 30 through June 29 of the Contract period must be received by DHEC/BCN by August 15 following that year. **Payment requests received after August 15 of each year will be returned unpaid. Patients cannot be billed for any unpaid requests received by DHEC/BCN after August 15 of each contract year.**
- G. The Contractor will reimburse DHEC for payments received for patients who are subsequently found to have not met the Patient Eligibility requirements contained in these Clinical & Compensation Procedures.

FEE FOR SERVICE SCHEDULE

4 BCA/BX/TC

CONTRACTUAL SERVICES 06/30/05 through 06/29/06	CPT CODES	ALLOWABLE CHARGES**
MAMMOGRAPHY / ULTRASOUND		
•Unilateral diagnostic mammography (includes additional views or magnification)	76090TC *G0206TC	36.53 36.53
•Bilateral diagnostic mammography (includes additional views or magnification)	76091TC *G0204TC	45.09 45.09
•Screening mammography (includes two views each breast)	76092TC *G0202TC	42.39 42.39
•Diagnostic ultrasound	76645TC	36.53
*BREAST BIOPSY PROCEDURES		
•Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	76095TC	247.33
•Preoperative placement of needle localization wire, breast, radiological supervision and interpretation	76096TC	45.09
•Radiological examination, surgical specimen	76098TC	14.09
•Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942TC	86.99
*BREAST CYST ASPIRATION		
•Fine Needle Aspiration (without imaging guidance)	10021	122.79

*These codes may only be reimbursed at the rate of services without the inclusion of digitization.

**2005 Medicare Allowable Rate – Part B Par Fee Schedule Uniform Throughout S.C.

SAMPLE MATCH DOCUMENTATION REPORT

Please return this survey by: Date

The following questions refer to what your ***usual and customary charge*** (not a sliding fee scale amount nor the reimbursement amount) would be for the following specified procedures and patient encounters, ***if you were not seeing a BCN patient***. Please provide the ***usual and customary charges that have been effective since Date***.

1. **SCREENING MAMMOGRAMS (2 views each breast):**

Usual charge for a screening mammogram – technical component only (CPT code: 76092-TC)

If this procedure is not done at your facility please mark “NA” on the line

\$ _____. ____

2. **UNILATERAL DIAGNOSTIC MAMMOGRAMS** (includes additional views or magnification).

Usual charge for a unilateral diagnostic mammogram – technical component only (CPT code: 76090-TC)

If this procedure is not done at your facility please mark “NA” on the line

\$ _____. ____

3. **BILATERAL DIAGNOSTIC MAMMOGRAM** (includes additional views or magnification).

Usual charge for a bilateral diagnostic mammogram – technical component only (CPT code: 76091-TC)

If this procedure is not done at your facility please mark “NA” on the line

\$ _____. ____

4. **DIAGNOSTIC ULTRASOUNDS:**

Usual charge for a diagnostic ultrasound – technical component only (CPT code: 76645-TC)

If this procedure is not done at your facility please mark “NA” on the line

\$ _____. ____

5. **BREAST DIAGNOSTIC FOLLOW-UP PROCEDURES:**

a. *Usual charge* for a **puncture aspiration of one cyst** procedure (CPT code: 19000)?

\$ _____. ____

b. *Usual charge* for a **puncture aspiration-each additional cyst** procedure (CPT code: 19001)?

\$ _____. ____

c. *Usual charge* for a **biopsy of breast; needle core (no radiological guidance required)** procedure (CPT code: 19100)?

\$ _____. ____

d. *Usual charge* for a **incisional biopsy of breast; needle core** procedure (CPT code: 19101)?

\$ _____. ____

e. *Usual charge* for a **percutaneous needle core biopsy using image guidance** procedure (CPT code: 19102)?

\$ _____. ____

f. *Usual charge* for a **percutaneous needle core biopsy, automative vacuum asst. or rotating biopsy device using image** procedure (CPT code: 19103)?

\$ _____. ____

Please list any other charges associated with the above procedures or patient encounters below that have not been addressed along with your usual charge.

Thank you for taking the time to complete and send in the information by Date.

No individual practice will be identified in the annual report to CDC. The collective contributions and donated services of BCN contracted healthcare providers will benefit the program.